

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002215

1. Entity Name

TREE OF LIFE CHURCH, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90097 049 ****61.25

0065210

Principal Place of Business

741 N COMBEE RD
LAKELAND FL 33801

Mailing Address

741 N COMBEE RD
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3592721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD, STEVE
741 N COMBEE RD
LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ARNOLD, STEVE ☐ Delete
STREET ADDRESS 741 N COMBEE RD
CITY-ST-ZIP LAKELAND FL 33801

TITLE TD
NAME HALL, TRACI ☐ Change ☒ Addition
STREET ADDRESS 1023 CASCO STREET
CITY-ST-ZIP LAKELAND, FL 33801

TITLE VD
NAME WILKES, JENNIFER ☒ Delete
STREET ADDRESS 1429 E FERN ROAD
CITY-ST-ZIP LAKELAND FL 33801

TITLE SD
NAME McLarn, Gail ☐ Change ☒ Addition
STREET ADDRESS 741 N. Combee Road
CITY-ST-ZIP Lakeland, FL 33801

TITLE STD
NAME ARNOLD, SHIRLEY ☐ Delete
STREET ADDRESS 741 N COMBEE RD
CITY-ST-ZIP LAKELAND FL 33801

TITLE VD
NAME Arnold, Shirley ☒ Change ☐ Addition
STREET ADDRESS 741 N Combee Road
CITY-ST-ZIP Lakeland, FL 33801

TITLE TD
NAME Hall, Traci ☐ Delete
STREET ADDRESS 1023 CASCO STREET
CITY-ST-ZIP Lakeland, FL 33801

TITLE D
NAME Harmon, Myron ☐ Change ☒ Addition
STREET ADDRESS 2121 Barcelona way S
CITY-ST-ZIP St. Petersburg, FL 33712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Arnold 4/30/01 868-6688787
Daytime Phone #

CR2E037 (10/00)